

Do you have any special certifications or training that would be utilized in your volunteer experience (ex. Pet CPR Certification)

My greatest strengths are:

Please rate the comfort level of participation you would like to offer as a volunteer:

Circle one 1 2 3 4 5 6 7 8 9 10

1 Occasional, not on a regular basis

5 Moderate, I will serve on a committee and attend regular meetings

10 Active, I would like to chair a committee or serve as a project leader

(Please check all boxes that apply) I am interested in: Fundraising Event Planning
PR/Marketing Graphic Design / Desktop Publishing Volunteer Coordination
Park Maintenance / Landscaping Community Outreach / Business Liason
Pet Parent Support Other

Availability: Check one: Weekdays _____ Weekends _____ Both _____

Are there certain days that are better for you? _____

What time is best for you? Mornings _____ Afternoons _____ Evening _____

Notes _____

Preferred way to receive communication about volunteering (Check one) _____ Phone
_____ E-mail _____ Both

Upon submitting this application, I affirm that the above information is true and correct to the best of my knowledge. Any omissions or false statements may result in the immediate release of my volunteer responsibilities.

Name (Printed) _____

Signature: _____ Date: _____

Thank you for taking the time to complete this application!
If you have any questions, please do not hesitate to contact us: 603-369-2101 or
belmontdogpark@yahoo.com